

BUTLER COUNTY BUSINESS GRANT APPLICATION

DATE:

| COMPANY INFORMATION | |
|----------------------------|-------------------|
| Legal Name of Business: | Type of Business: |
| Primary contact Person: | Mobile Phone: |
| Email: | Business Phone: |
| Home Address of Owner: | Number of Owners: |
| Business Address: | Tax ID Number: |

| | | | |
|---|-----------------------|--|------------------|
| Business Structure (LLC, Sole Proprietorship, Inc.) | | Date Business Established: | |
| Does the applying business have a related operating or holding company? Yes No | | Have you received any revenue replacement funds from Federal Government Programs: YES NO | |
| Total Requested Funding Based on Revenue Lost: | | | |
| List any and all other funding you are currently seeking or have received, including but not limited to, bank loans, public or private loans, grant funding etc. | SBA: | City | Network KS/Hire |
| | Chamber of Commerce | Main Street | Comm. Foundation |
| | E-Community | MCAC | Bank/Financing |
| | Other (Please State): | | |
| Jobs Retained: Full Time: | | Part Time: | |
| Will full or part-time jobs be retained as a result of these funds: Yes No Unknown | | | |
| Does the business owner have a tax liability in arrears with the Kansas Department of Revenue, IRS or Butler County or has filed for bankruptcy? | | Yes No Unknown | |
| Please provide a description of the services provided by your business: | | | |
| Please provide a short description of how COVID-19 is negatively impacting the business (e.g. weekly sales average drop for restaurants, occupancy rate drop for hotels, etc. | | | |

| | |
|--|------------|
| Describe how the use of the grant fund enhances the ability of this business to survive. | |
| What types of working capital will the funds be used for (e.g. utilities, payroll, inventory)? | |
| Signature Indicating everything to the best of your knowledge is correct in this application: | Signature: |

| | |
|-----------------------------------|------------------|
| Request Reviewed and Approved By: | |
| Funding Approved: Yes No | Amount Approved: |

Revenue Loss Calculation

| | | | | $((2020-2019)/2019*100)$ |
|--------------|------|------|----------------|--------------------------|
| Revenue | 2019 | 2020 | Net Difference | % Difference |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| August | | | | |
| Total | | | | |